

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 109Registered No. 38

1. PLACE OF BIRTH

County GilaState Arizona

Township

or Village

City Hayden

St. _____ Ward _____

2. Full name of child Ernest Wilson Kholin

If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed

3. Sex Male

If plural births

4. Twin, triplet, or other

5. Premature

6. Legitimacy

7. Date of birth

Aug 23 1932
(Month, day, year)

8. Full name

FATHER

18. Full maiden name

MOTHER

10. Residence (usual place of abode)
(If nonresident, give place and State)18. Residence (usual place of abode)
(If nonresident, give place and State)11. Color or race White12. Age at last birthday 23 (Years)20. Color or race White21. Age at last birthday 23 (Years)

13. Birthplace (city or place)

(State or country)

22. Birthplace (city or place)

(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 6:45 a.m. on the date above stated

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles K. Kholin M.D.

or

Given name added from a supplemental report 257-823-428

(Date of)

Address Hayden, Ariz.Filed Aug 24, 1932

Registrar

Registrar

THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.